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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Patent Number | 6,831,065 |
| | Issue Date | December 14, 2004 |
| | First Named Inventor | Michael J. MAY |
| | Title | ANTI-INFLAMMATORY COMPOUNDS AND USES THEREOF |
| | Art Unit | 1653 |
| | Examiner Name | R. Mitra |
| | Attorney Docket No. | 117886-00103 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

| Name | Registration Number | Name | Registration Number |
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| | | | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City State Zip

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|------------------------------------|-----------|--------------|
| Signature | <i>Dorothy K. Robinson</i> | Date | 4/17/09 |
| Name | Dorothy K. Robinson | Telephone | 203.432.4949 |
| Title and Company | VP General Counsel Yale University | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.6(a)(4).

Dated: 4/23/09 Signature: /MBC/